

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33693

FILED SEP 23 1952

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 546		Registrar's No. 2409	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		422X	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3220-Marvin Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3220-Marvin Avenue</u>			
3. NAME OF DECEASED (Type or Print) <u>Harry Thompson</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep. 15, 1952</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cutter Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Huttig-Sash Door</u>		8. DATE OF BIRTH <u>May 1, 1868</u>		9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.	
11. BIRTHPLACE (State or foreign country) <u>Chicago, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Sam H. Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Lang</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Etta Jones 3220-Marvin Av</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-07-0827</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Etta Jones 3220-Marvin Overland Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Thyroiditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH. <u>1 yr</u> <u>5 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 22, 1952</u> , to <u>9-15, 1952</u> , that I last saw the deceased alive on <u>9-15, 1952</u> , and that death occurred at <u>4:00 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. A. Smith M.D.</u>		23b. ADDRESS <u>8924 St. Charles St.</u>		23c. DATE SIGNED <u>9/16/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-16-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blumhans Bros. Inc.</u>		ADDRESS <u>2504 Woodson Rd Overland-14-Mo.</u>	

524 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3434

P. O. Address Overland 14, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.